

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/019644**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52	/					
3	/						53	/					
4	/						54	/					
5	/						55	/					
6	/						56	/					
7	/						57	/					
8	/						58	/					
9	/						59	/					
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19	/						69						
20	/						70						
21	/						71						
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36	/						86						
37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	53						TOTAL DEP.						
TOTAL CLAIMS	58						TOTAL CLAIMS						